

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P23322** (1)

1. Corporation Name
SALUS REAL ESTATE, INC.



Principal Place of Business Mailing Address
% GRAND METROPOLITAN INCORPORATED
200 SOUTH SIXTH STREET, MS18X3
MINNEAPOLIS MN 55402

3. Date Incorporated or Qualified **03/08/1989** 3a. Date of Last Report **04/26/1995**
4. FEI Number **22-2428613** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent or director (initials) (DATE Registered Agent signature required when not filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, PAUL S	1.2 NAME
STREET ADDRESS	200 SOUTH SIXTH STREET	1.3 STREET ADDRESS
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, THOMAS	2.2 NAME
STREET ADDRESS	200 SOUTH SIXTH ST	2.3 STREET ADDRESS
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKO, JEROME J	3.2 NAME
STREET ADDRESS	200 SO 6 STR	3.3 STREET ADDRESS
CITY-ST-ZIP	MINNEAPOLIS MN	3.4 CITY-ST-ZIP
TITLE	ASAT <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LESLIE	4.2 NAME
STREET ADDRESS	200 SOUTH SIXTH STREET	4.3 STREET ADDRESS
CITY-ST-ZIP	MINNEAPOLIS MN	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETCHES, RICHARD	5.2 NAME
STREET ADDRESS	200 SOUTH SIXTH STREET	5.3 STREET ADDRESS
CITY-ST-ZIP	MINNEAPOLIS MN	5.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZJOHN, DAVID	6.2 NAME
STREET ADDRESS	200 SOUTH SIXTH STREET	6.3 STREET ADDRESS
CITY-ST-ZIP	MINNEAPOLIS MN	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an appointment with an address.

SIGNATURE: **L. R. JOHNSON, ASST. TREAS.** 3/29/96 612/330-4915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE District Office #

CR2E034 (12/95)